

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>								SERIAL NO.		FILING DATE	
								09809102		APPLICANT(S)	
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	1						54				
5							55				
6							56				
7							57				
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9							59				
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38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
<b>TOTAL IND.</b>	<b>2</b>						<b>TOTAL IND.</b>				
<b>TOTAL DEP.</b>	<b>2</b>	↔	↔	↔			<b>TOTAL DEP.</b>		↔	↔	
<b>TOTAL CLAIMS</b>	<b>2</b>						<b>TOTAL CLAIMS</b>				